

Foster Family Home - Corrective Action Report

Provider ID: 1-180008

Home Name: Miriam Viernes, CNA

Review ID: 1-180008-3

94-104 Haaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/16/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/16/2020.

6.(d)(1)- see applicable sections of the review

PCG requests to increase to 3 person CCFFH.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- APS/CAN/Fingerprinting expired on 3/29/19 and renewed on 4/1/19 for CG#2.

Maribel Nakamine, RN

Compliance Manager

1/16/2020

Date

miriam viernes

Primary Care Giver

1/16/2020

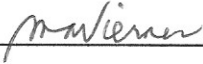
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Miriam Viernes**

CCFFH Address: **94-104 Haaa Street, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	CG#1 showed CTA Compliance Manager the current APS/CAN/Fingerprinting during home survey/inspection for CG#2. Document was filed in home binder.	1/16/20	Home will use an iPhone calendar to schedule due dates 2-3 months in advance to prevent future lapses.

Primary Caregiver's Signature: 

Print Name: **Miriam Viernes**

Date of Signature: **1/16/2020**